

<i>SERFF Tracking Number:</i>	<i>ERCB-125582915</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Westport Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>9-WC-AR-08-03109-1-F</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation Forms filing - 08-03109</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation Forms filing - 08-03109 /9-WC-AR-08-03109-1-F</i>		

Filing at a Glance

Companies: Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Workers Compensation Forms SERFF Tr Num: ERCB-125582915 State: Arkansas
filing - 08-03109

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 9-WC-AR-08-03109-1-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Linda Snook

Disposition Date: 04/02/2008

Date Submitted: 03/27/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Workers Compensation Forms filing - 08-03109

Project Number: 9-WC-AR-08-03109-1-F

Reference Organization:

Reference Title:

Filing Status Changed: 04/02/2008

State Status Changed: 03/28/2008

Corresponding Filing Tracking Number: n/a

Filing Description:

Westport Insurance Corporation and North American Specialty Insurance Company are filing to adopt NCCI designation number IF-2008-01-01 (CIF-2007-09, CIF-2007-10). This adoption references revisions to TRIA. There is no rate impact association with this adoption.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: NCCI

Advisory Org. Circular:

Deemer Date:

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Company and Contact

Filing Contact Information

Linda Snook, P&RS Specialist	linda_snook@swissre.com
5200 Metcalf	(800) 255-6931 [Phone]
Overland Park, KS 66201	(913) 676-6226[FAX]

Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	03/27/2008	19025065
North American Specialty Insurance Company	\$0.00	03/27/2008	
North American Elite Insurance Company	\$0.00	03/27/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/02/2008	04/02/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	04/02/2008	04/02/2008	Linda Snook	04/02/2008	04/02/2008
Pending Industry Response	Carol Stiffler	03/28/2008	03/28/2008	Linda Snook	04/01/2008	04/01/2008

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Disposition

Disposition Date: 04/02/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

SERFF Tracking Number: *ERCB-125582915* *State:* *Arkansas*
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/02/2008
Submitted Date 04/02/2008
Respond By Date
Dear Linda Snook,

This will acknowledge receipt of the captioned filing.

I want to confirm that you are adoption P-1404 which was the for the Terrorism Risk Insurance Extension Act of 2005 which was effective in 2006 and P-1405 that became effective 1/1/08 and is the new Terrorism Risk Insurance Program Reauthorization Act of 2007 that supercedes P-1404 . Perhaps you meant to adopt B-1405 which is the rule portion that corresponds to P-1405?

What effective date are you requesting?

Please feel free to contact me if you have questions.
Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/02/2008
Submitted Date 04/02/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Thank you...you are correct. I meant to adopt B-1405. We would like for this filing to be effective 1/1/08, if possible.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: *ERCB-125582915* *State:* *Arkansas*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Linda Snook

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/28/2008
Submitted Date 03/28/2008
Respond By Date
Dear Linda Snook,

This will acknowledge receipt of the captioned filing.

This filing adopts IF-2008-01-01 (CIF-2007-09, CIF-2007-10) but does not state the Item Filing number which is often different than the Circular number. I believe the # you state may be a circular #. The Item Filing # is the unique number assigned by NCCI to an item filing. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number. Generally, NCCI puts the Item Filing # in the body of the circular and

For future SERFF workers' comp filings that adopt a NCCI Item Filing, please note that on the General Information tab, the field "Reference Organization" should say NCCI. The "Reference Number" is NCCI's Item Filing #.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/01/2008
Submitted Date 04/01/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: The Item file numbers are P-1404 and P-1405. I apologize for the confusion.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Linda Snook

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	04/02/2008
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Comments:

Attachment:

UTD.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	